



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:23

Reporting for the week ending 06/08/19 (MMWR Week #23)

June 14, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

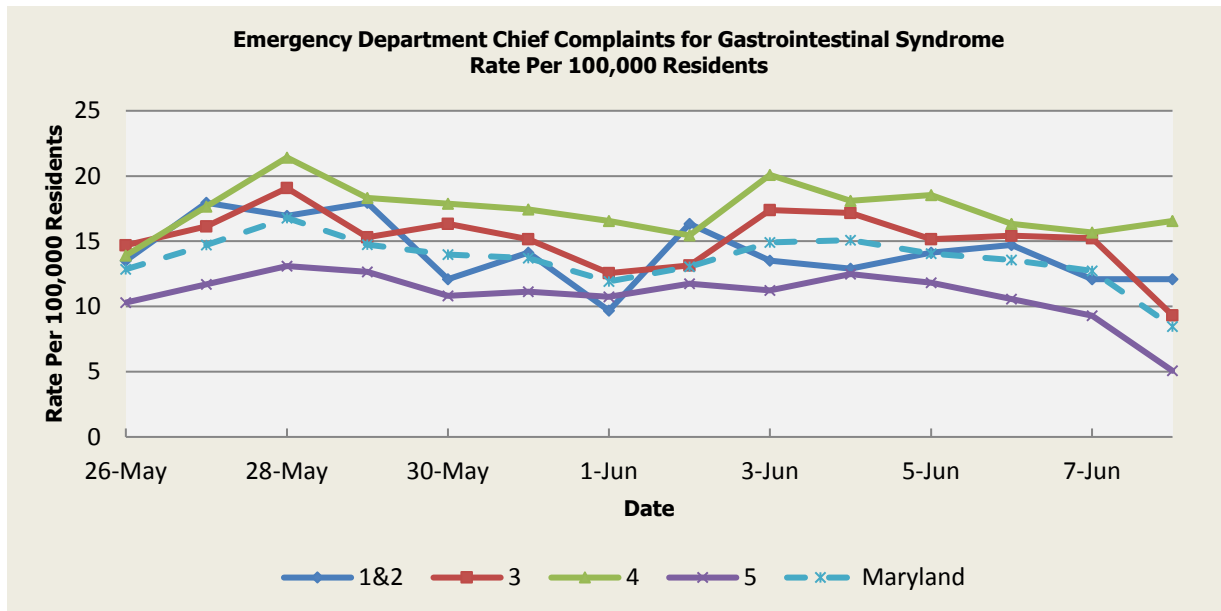
| | |
|------------------|-----------------------------|
| National: | No Active Alerts |
| Maryland: | Normal (MEMA status) |

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



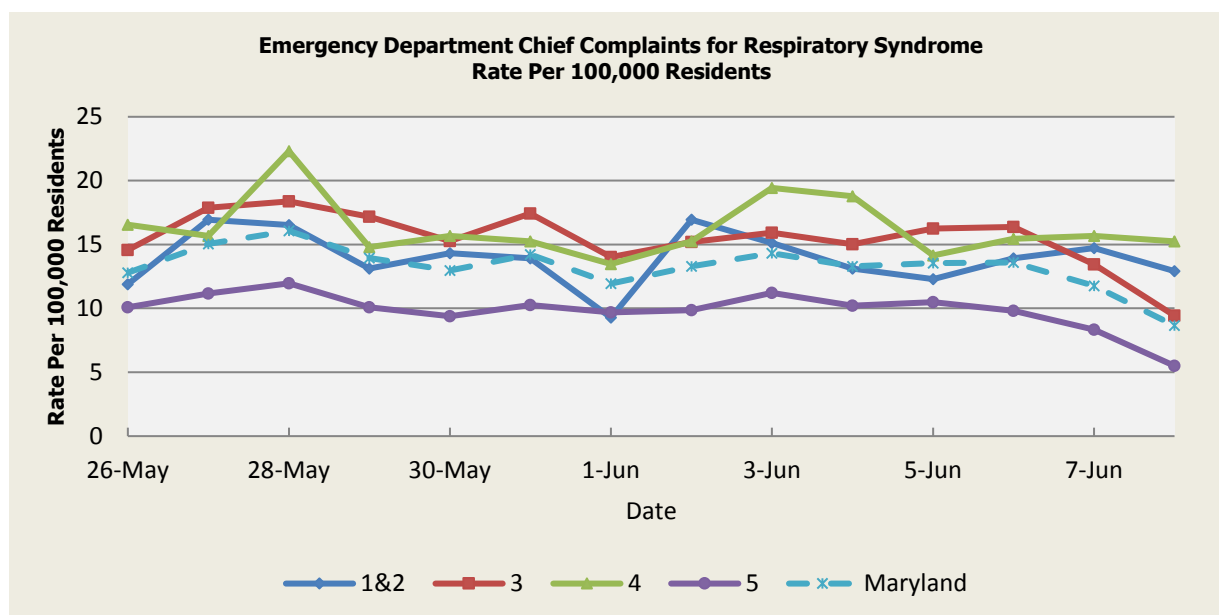
There were no Gastrointestinal Syndrome outbreaks reported this week.

| Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|--|-------|-------|-------|-------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 13.24 | 15.11 | 15.89 | 10.24 | 13.15 |
| Median Rate* | 13.11 | 14.87 | 15.46 | 10.13 | 12.99 |

** Per 100,000 Residents*

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Respiratory Syndrome



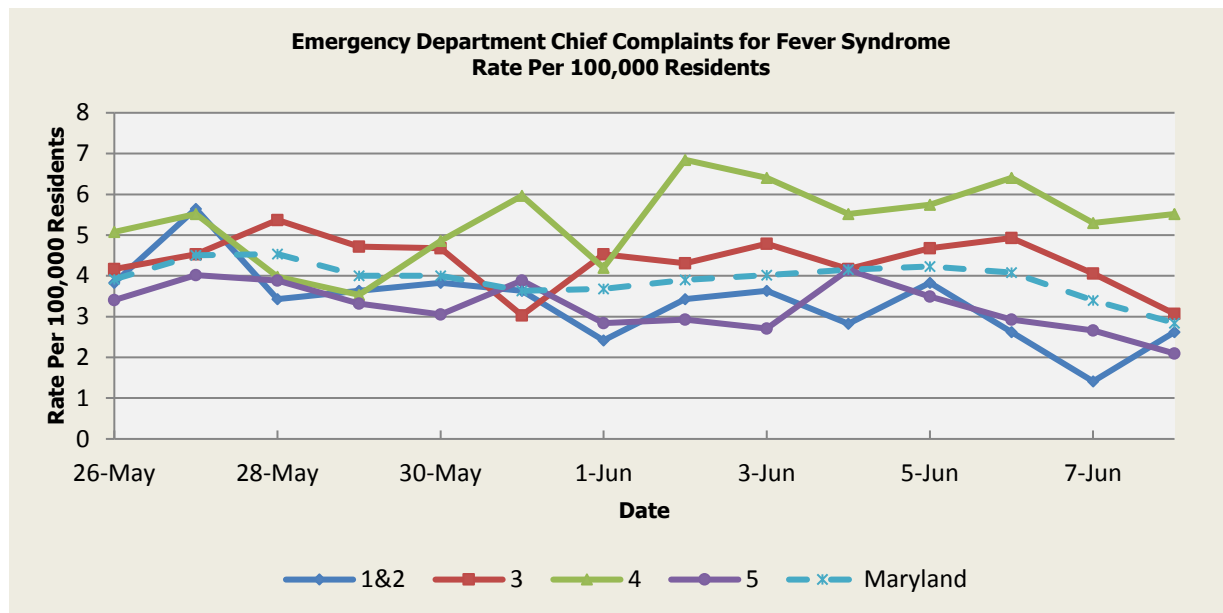
There were no Respiratory Syndrome outbreak reported this week.

| Respiratory Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|-------|-------|-------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 12.66 | 14.75 | 15.09 | 9.99 | 12.78 |
| Median Rate* | 12.10 | 14.21 | 14.35 | 9.65 | 12.28 |

* Per 100,000 Residents

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Fever Syndrome



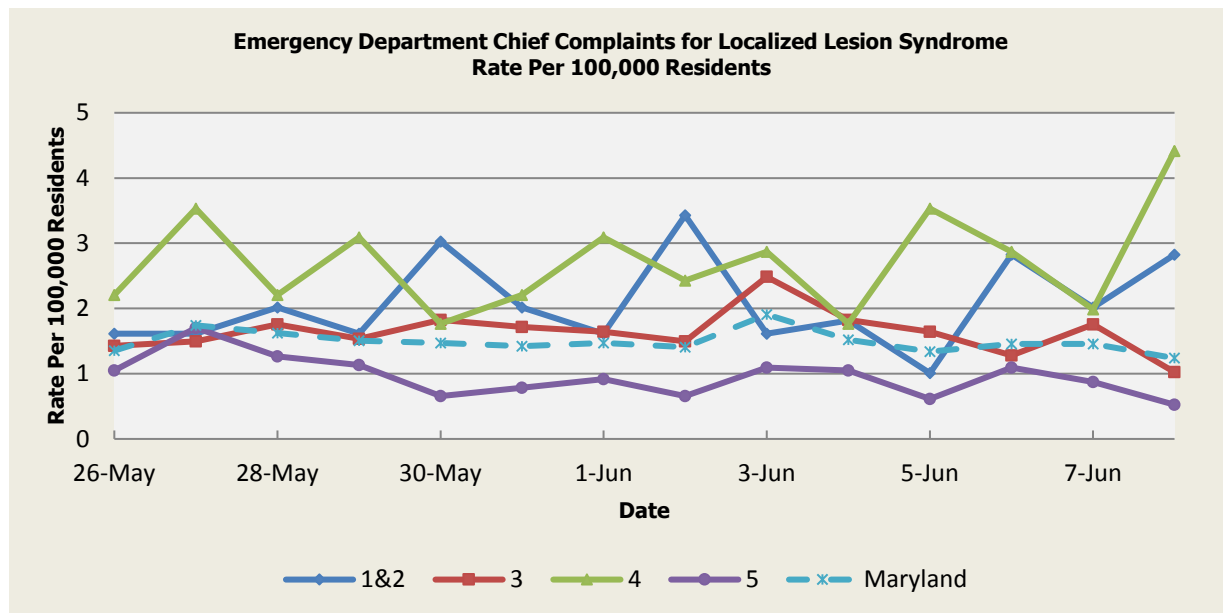
There were no Fever Syndrome outbreaks reported this week.

| Fever Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 3.07 | 3.90 | 4.11 | 3.04 | 3.52 |
| Median Rate* | 3.02 | 3.80 | 3.97 | 2.92 | 3.40 |

**Per 100,000 Residents*

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Localized Lesion Syndrome



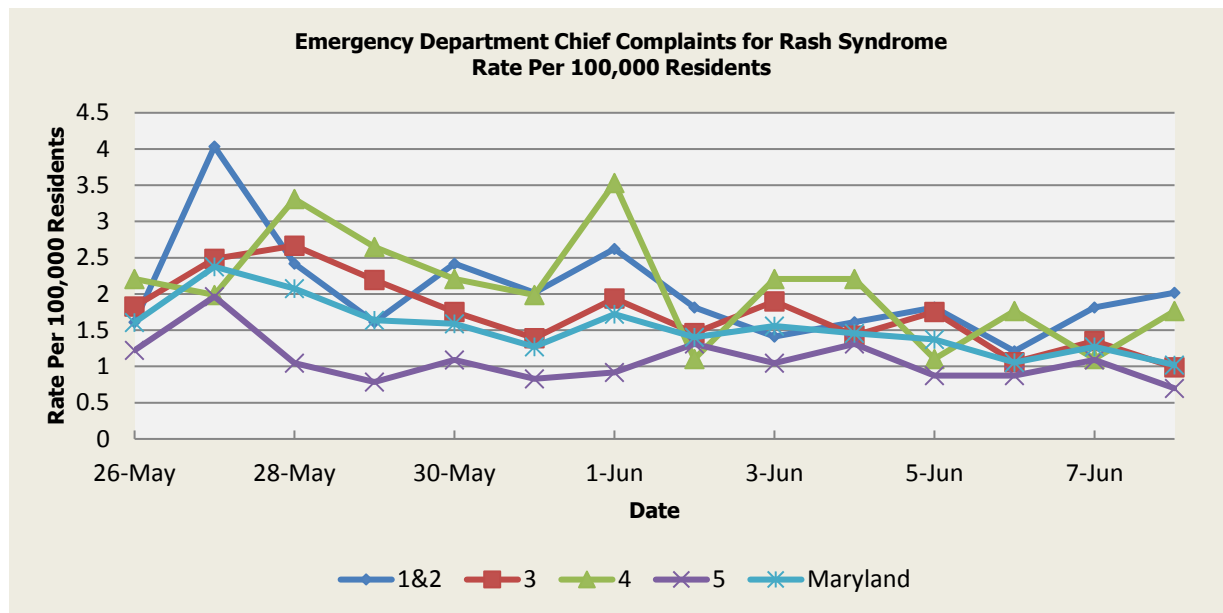
There were no Localized Lesion Syndrome outbreaks reported this week.

| Localized Lesion Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|--|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 1.12 | 1.80 | 2.04 | 0.91 | 1.42 |
| Median Rate* | 1.01 | 1.72 | 1.99 | 0.87 | 1.36 |

* Per 100,000 Residents

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Rash Syndrome



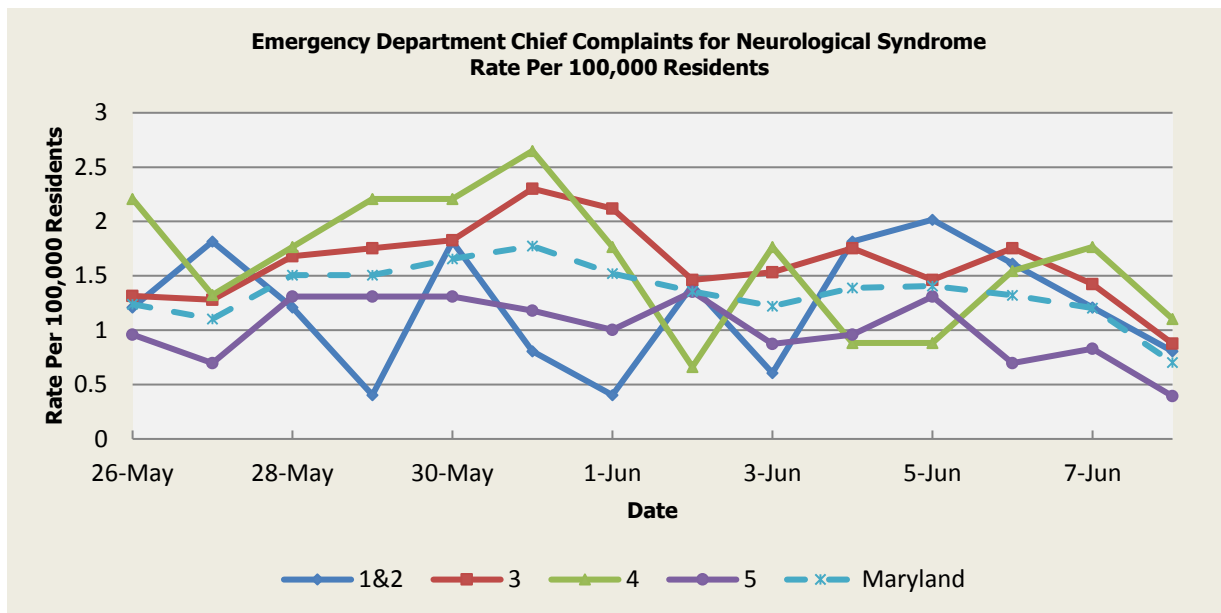
There were no Rash Syndrome outbreak reported this week.

| Rash Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|--|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 1.23 | 1.68 | 1.76 | 0.98 | 1.38 |
| Median Rate* | 1.21 | 1.61 | 1.77 | 0.92 | 1.32 |

* Per 100,000 Residents

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Neurological Syndrome



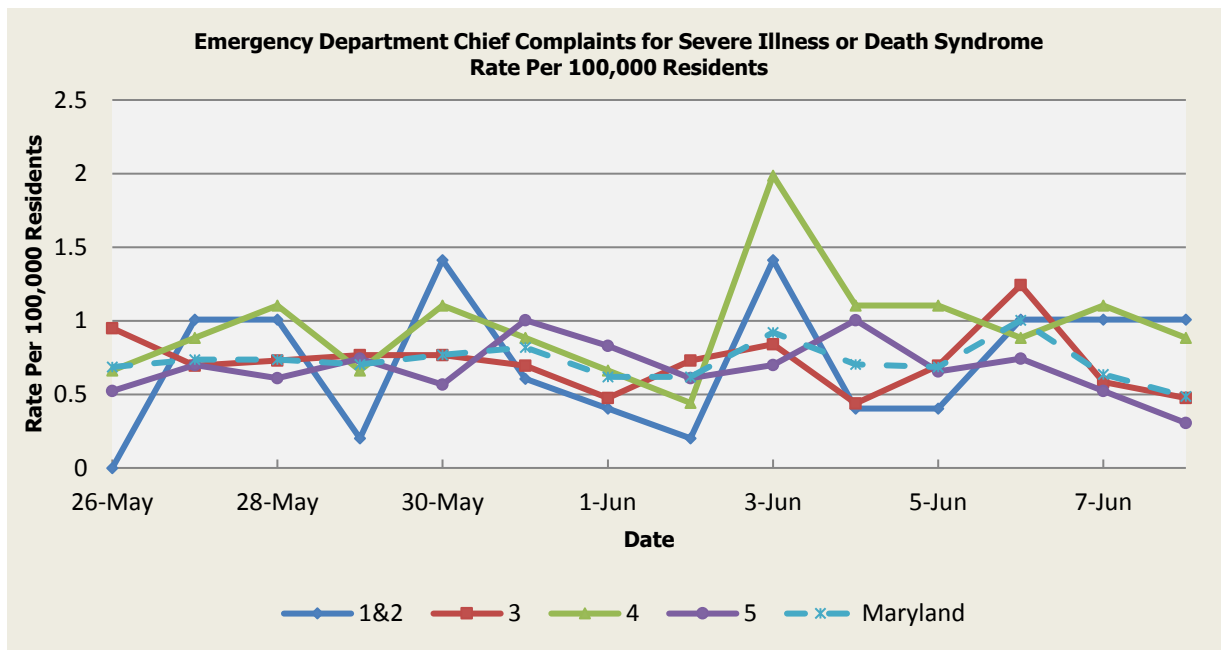
There were no Neurological Syndrome outbreaks reported this week.

| Neurological Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|--|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.77 | 0.94 | 0.85 | 0.59 | 0.78 |
| Median Rate* | 0.60 | 0.84 | 0.66 | 0.52 | 0.69 |

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

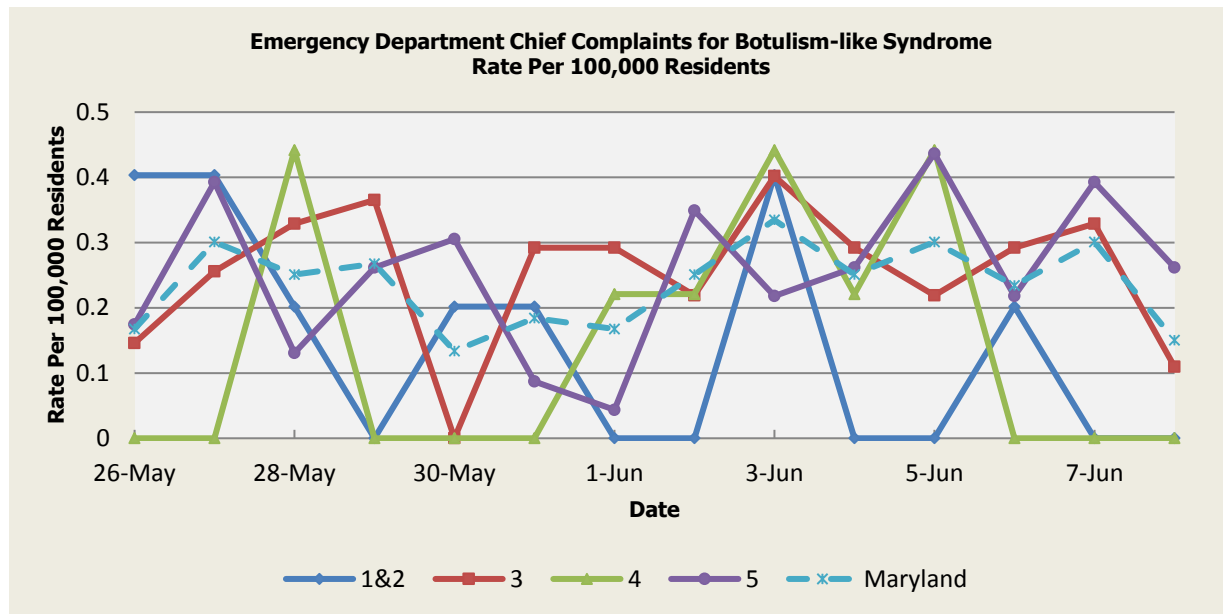
| Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.66 | 0.90 | 0.83 | 0.51 | 0.73 |
| Median Rate* | 0.60 | 0.84 | 0.66 | 0.48 | 0.69 |

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



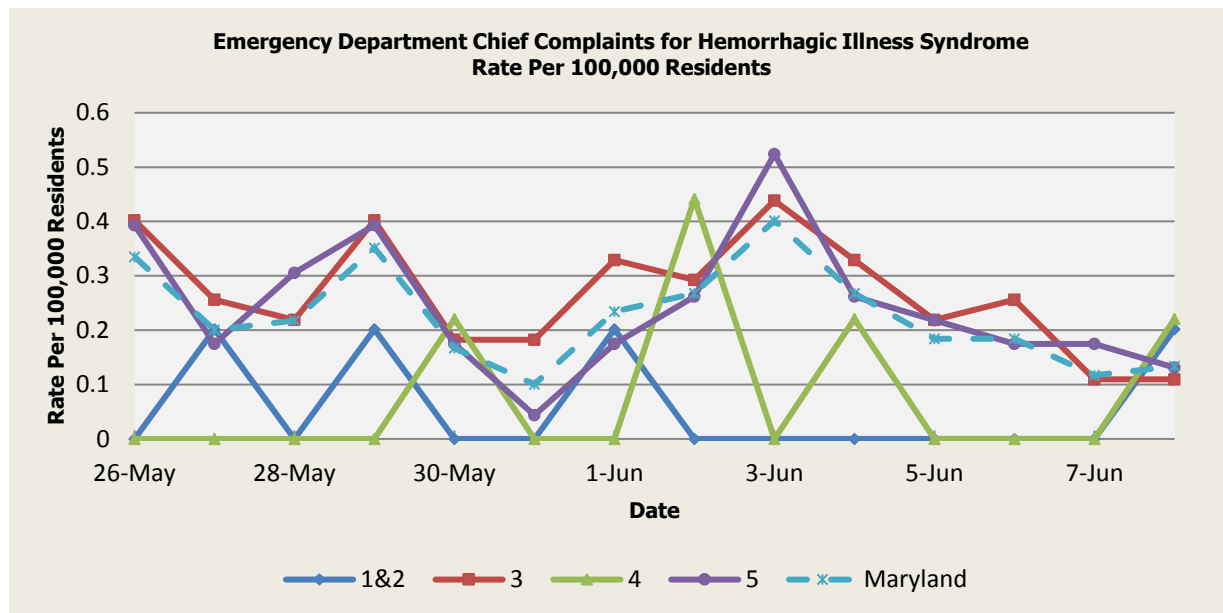
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 5/26 (Regions 1&2,5), 5/27 (Regions 1&2,3,5), 5/28 (Regions 1&2,3), 5/29 (Regions 3,4,5), 5/30 (Regions 1&2,5), 5/31 (Regions 1&2,3), 6/1 (Regions 3,4), 6/2 (Regions 4,5), 6/3 (Regions 1&2,3,4,5), 6/4 (Regions 3,4,5), 6/5 (Regions 4,5), 6/6 (Regions 1&2,3,5), 6/7 (Regions 3,4), 6/8 (Region 5). These increases are not known to be associated with any outbreaks.

| Botulism-like Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.07 | 0.12 | 0.06 | 0.08 | 0.09 |
| Median Rate* | 0.00 | 0.07 | 0.00 | 0.04 | 0.07 |

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



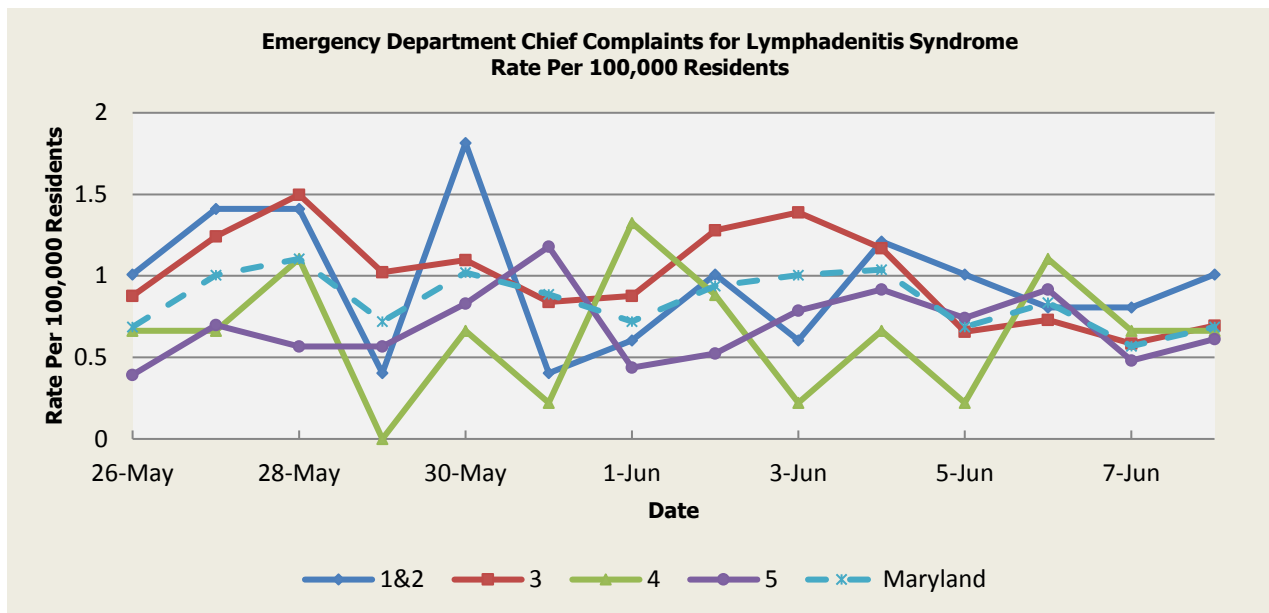
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 5/26 (Regions 3,5), 5/27 (Regions 1&2), 5/28 (Region 5), 5/29 (Regions 1&2,3,5), 5/30 (Region 4), 6/1 (Regions 1&2,3), 6/2 (Regions 4,5), 6/3 (Regions 3,5), 6/4 (Regions 3,4,5), 6/8 (Regions 1&2,4). These increases are not known to be associated with any outbreaks.

| Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.04 | 0.16 | 0.04 | 0.13 | 0.13 |
| Median Rate* | 0.00 | 0.11 | 0.00 | 0.09 | 0.08 |

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 5/26 (Regions 1&2), 5/27 (Regions 1&2), 5/28 (Regions 1&2,3,4), 5/30 (Regions 1&2,5), 5/31 (Region 5), 6/1 (Region 4), 6/2 (Regions 1&2,3,4), 6/3 (Regions 3,5), 6/4 (Regions 1&2,3,5), 6/5 (Regions 1&2), 6/6 (Regions 1&2,4,5), 6/7 (Regions 1&2), 6/8 (Regions 1&2). These increases are not known to be associated with any outbreaks.

| Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.37 | 0.58 | 0.40 | 0.38 | 0.47 |
| Median Rate* | 0.40 | 0.47 | 0.44 | 0.31 | 0.42 |

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

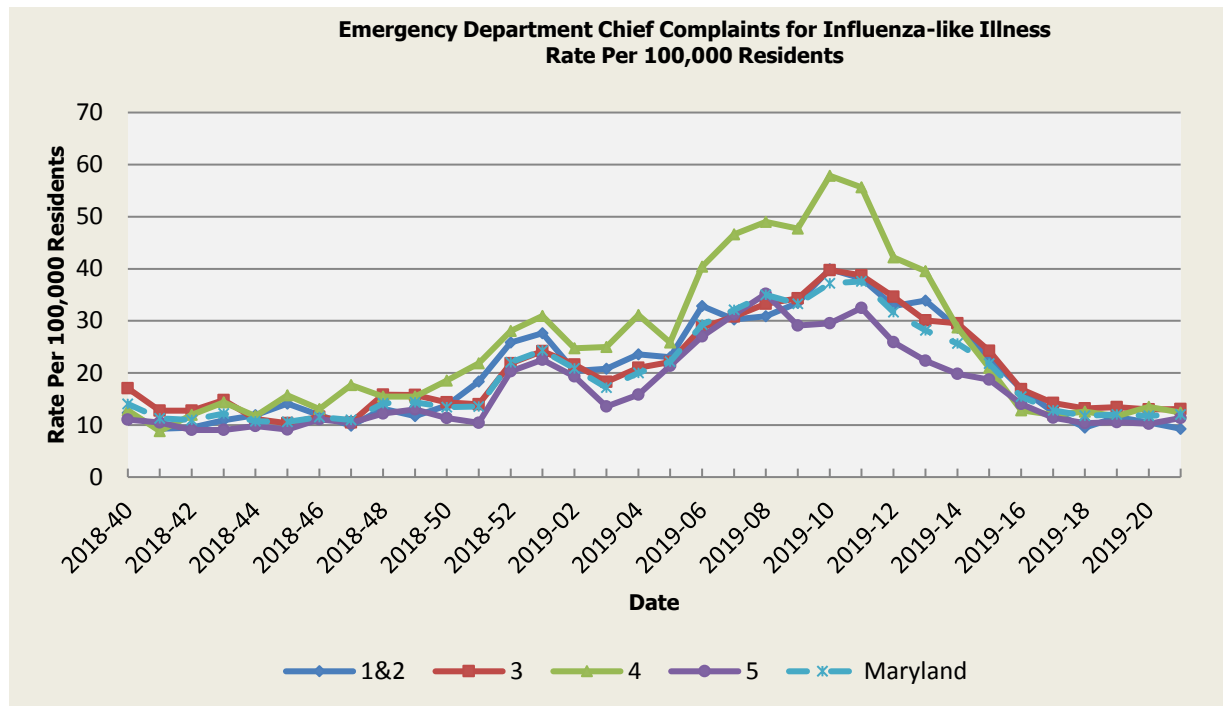
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

Influenza-like Illness

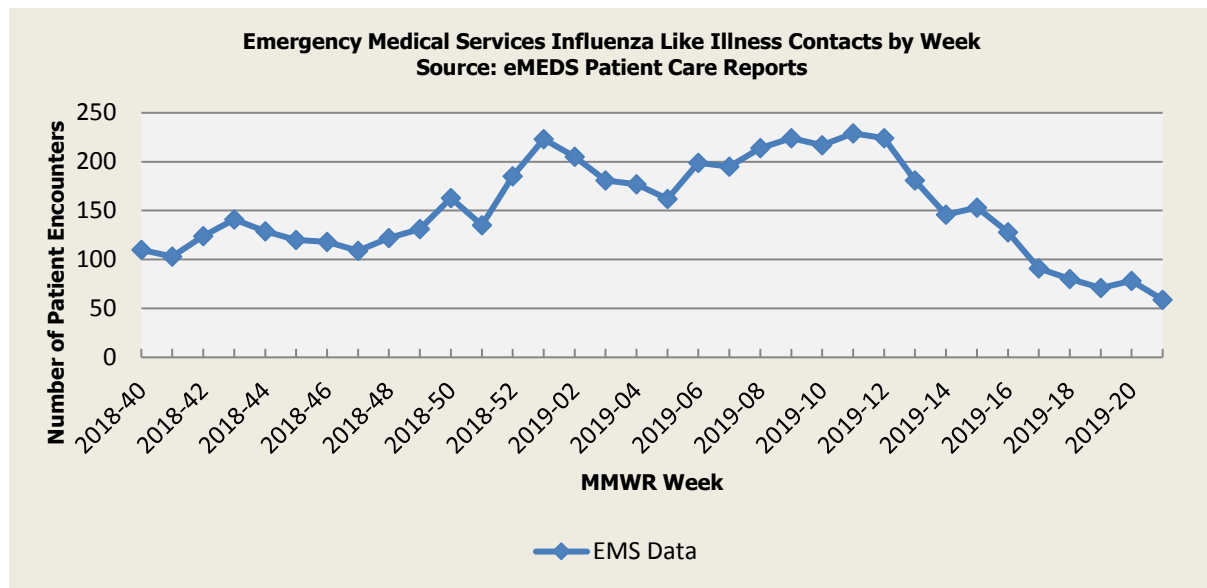


| Influenza-like Illness Baseline Data Week 1 2010 - Present | | | | | |
|---|-------|-------|-------|-------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 10.26 | 13.39 | 12.94 | 11.33 | 12.30 |
| Median Rate* | 7.66 | 10.38 | 9.27 | 8.80 | 9.49 |

* Per 100,000 Residents

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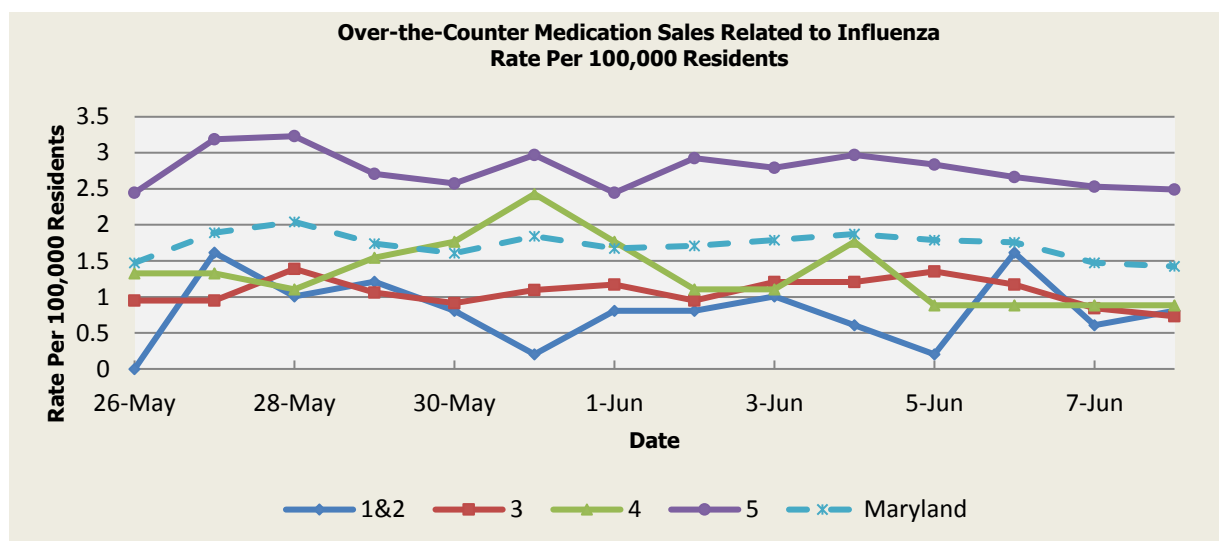
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



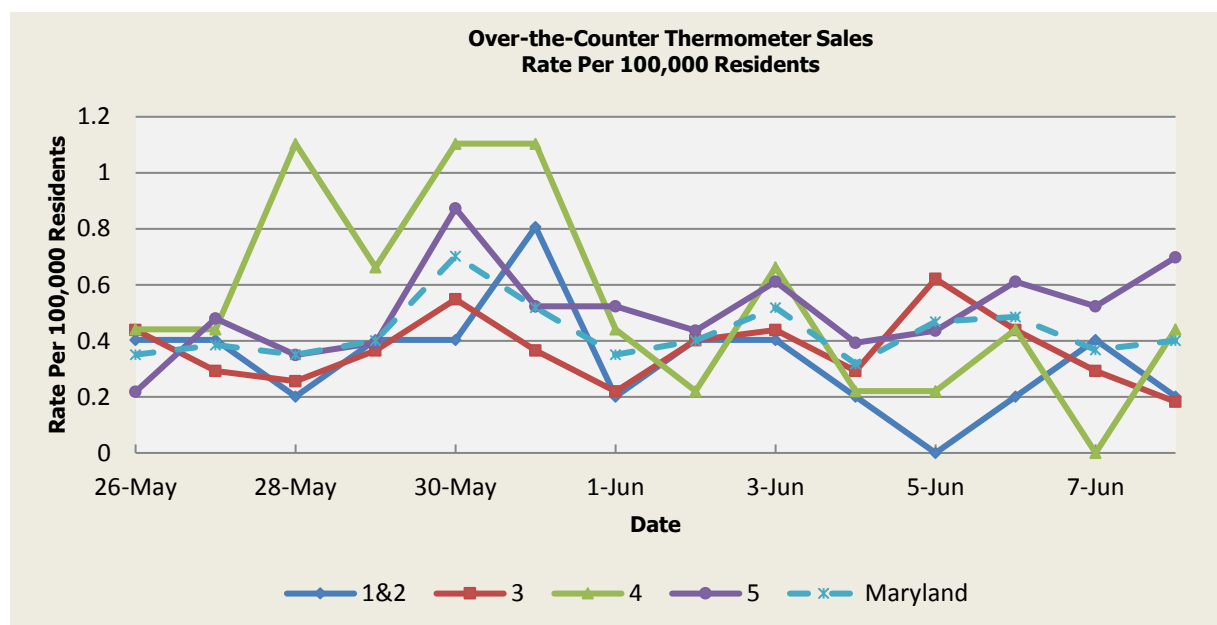
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

| OTC Medication Sales Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 3.55 | 4.57 | 2.71 | 7.98 | 5.65 |
| Median Rate* | 2.82 | 3.74 | 2.43 | 7.29 | 4.92 |

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

| Thermometer Sales Baseline Data January 1, 2010 - Present | | | | | |
|--|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 3.03 | 2.89 | 2.29 | 3.83 | 3.21 |
| Median Rate* | 2.82 | 2.74 | 2.21 | 3.71 | 3.10 |

* Per 100,000 Residents

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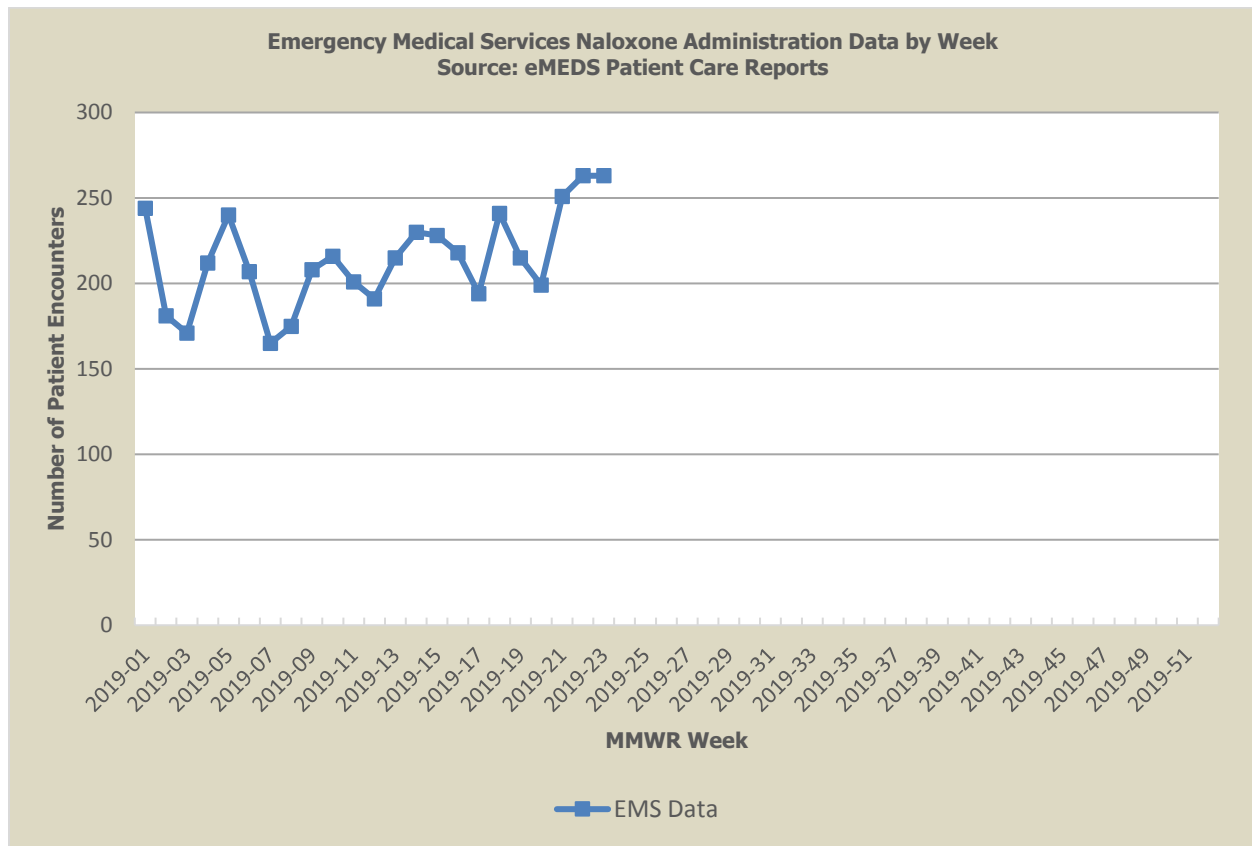
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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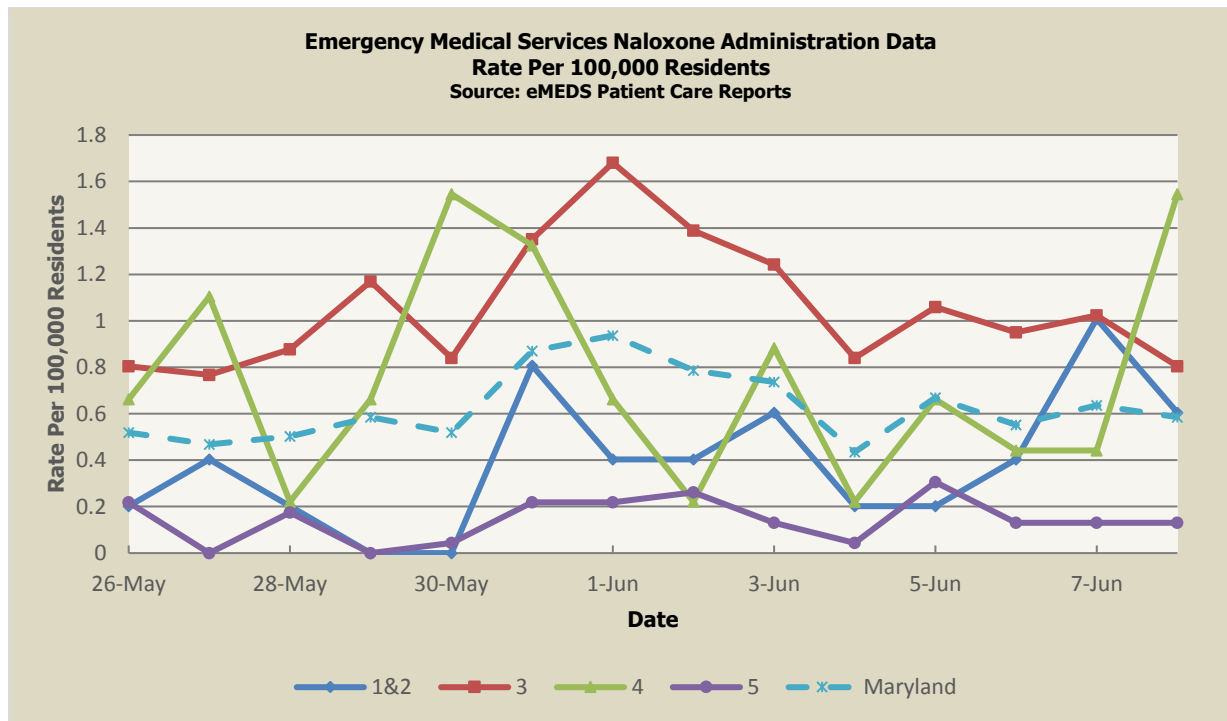
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of June 12, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (BANGLADESH), 10 Jun 2019, A team of researchers at Bangladesh Agricultural University examined 15 dead or sick birds from 13 clinical outbreaks of avian influenza in Bangladesh. The birds in their sample included ducks, geese, chickens and turkeys. Researchers used RT-PCR [reverse transcription polymerase chain reaction] (a laboratory method used to detect genetic material and specific proteins) to detect the virus that affected the birds in their sample. Results indicated that the birds were infected with a new variety of H5N1 influenza. Read More: <http://www.promedmail.org/post/6512992>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week.

NATIONAL DISEASE REPORTS

E COLI EHEC (ILLINOIS), 11 Jun 2019, According to the Winnebago County Health Department 3 people are sick with _E. coli_ infections. Those patients have been experiencing diarrhea beginning 21 May 2019. The exact cause of the illness has not been determined. An outbreak is defined as 2 people who are not related getting sick with the same illness. _E. coli_ outbreaks in the past have been linked to contaminated water and contaminated food, especially

ground beef and leafy greens. Authorities interview these patients to see if they can find a common source for the pathogen. Read More: <http://www.promedmail.org/post/6513053>

BOTULISM (MARYLAND), 10 Jun 2019, Botulism has been recently identified in Howard County. Botulism is a serious illness caused by a toxin that attacks the body's nerves. It can be caused by eating contaminated food or beverages. It is often associated with improperly home-canned, preserved or fermented foods. It is not contagious. A Howard County health department investigation found the possible source as acupuncture and herbal practice in Ellicott City. Any food, teas or other products that can be put in or on the body that were bought from the practice in the 3300 block of St. Johns Lane should be discarded immediately, the health department recommended. They said any products can be put in the trash, or if it is liquid, dumped down the sink. Read More: <http://www.promedmail.org/post/6511664>

MUMPS (FLORIDA), 09 Jun 2019, The Alachua County Health Department is warning residents that there are 12 confirmed cases of mumps, primarily from college students at the University of Florida. "This is a little more than usual," says Steve Orlando, University of Florida spokesman. Alachua County normally receives around 2 reported cases a year, and UF believes more students could be infected. Read More: <http://www.promedmail.org/post/6508541>

INTERNATIONAL DISEASE REPORTS

EBOLA (MULTI-COUNTRY), 12 Jun 2019, The Ministry of Health and the World Health Organization (WHO) have confirmed a case of Ebola virus disease in Uganda. Although there have been numerous previous alerts, this is the 1st confirmed case in Uganda during the Ebola outbreak on-going in neighbouring Democratic Republic of the Congo. Read More: <http://www.promedmail.org/post/6516605>

JAPANESE ENCEPHALITIS (INDIA), 12 Jun 2019, At least 28 children have died in the last one month in Muzaffarpur district of north Bihar, allegedly due to AES, which is locally known as Chamki bukhari (brain fever). Chief Minister Nitish Kumar, has expressed concern over the rising deaths of children in Muzaffarpur. He said, "A team of doctors and medical experts have been sent to Muzaffarpur to monitor the situation and also speed up the awareness drive about complexities and preventive measures about AES." Read More: <http://www.promedmail.org/post/6515634>

VARICELLA (MEXICO), 11 Jun 2019, Dozens of immigrants have been recently reported sick with varicella (chickenpox) in Mexicali immigrant shelters, a state official said. State Chief Epidemiologist Oscar Zazueta said the number of Central American immigrants who have been confirmed with the illness has climbed to 51. Over half of those cases were found at the Alfa y Omega shelter. Agency staff found another 15 at the state's Family Development Office shelter and 8 more at the Hogar de Angeles shelter. Two additional cases were reported at Hijo Prodigio shelter. Zazueta said 36 cases have been reported in Tijuana. Read More: <http://www.promedmail.org/post/6513052>

UNDIAGNOSED ILLNESS (MALAYSIA), 10 Jun 2019, A shocking news report by Sinar Harian revealed that at least 13 Orang Asli in Gua Musang, Kelantan [Malaysia] have

succumbed to an "unknown illness" related to unclean water, and that around 50 more of them are affected with it. [Orang Asli are indigenous people and the oldest inhabitants of Peninsular Malaysia (https://en.wikipedia.org/wiki/Orang_Aсли). - Mod.ML]. Read More: <http://www.promedmail.org/post/6511742>

UNDIAGNOSED DEATHS (DOMINICAN REPUBLIC), 09 Jun 2019, Dominican government officials released more-detailed autopsy results on Thursday [6 Jun 2019] for 3 American tourists who died at adjacent beach resorts owned by the same hotel company during the last week of May 2019. All three victims experienced eerily similar symptoms and internal trauma before their deaths, according to a news release from Dominican authorities. Pathologists said autopsies showed the three had internal hemorrhaging, pulmonary edema, and enlarged hearts. Toxicology reports are pending [These are likely to be the most interesting. - Mod.TG]. Read More: <http://www.promedmail.org/post/6511612>

LISTERIOSIS (UNITED KINGDOM), 08 Jun 2019, Three hospital patients have died in an outbreak of _Listeria_ linked to pre-packed sandwiches. Public Health England (PHE) said the victims were among six patients affected in England and the deaths occurred in Manchester and Liverpool. Sandwiches and salads linked to the outbreak have been withdrawn, and supplier The Good Food Chain has voluntarily ceased production. Read More: <http://www.promedmail.org/post/6510327>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:

<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):

<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

| Syndrome | ESSENCE Definition | Category A Conditions |
|-------------------------|--|---|
| Botulism-like | (Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions | Botulism |
| Fever | (Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions | N/A |
| Gastrointestinal | (AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract) | Anthrax (gastrointestinal) |
| Hemorrhagic Illness | (FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions | Viral Hemorrhagic Fever |
| Localized Lesion | (Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer) | Anthrax (cutaneous) Tularemia |
| Lymphadenitis | (BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions | Plague (bubonic) |
| Neurological | (([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions | N/A |
| Rash | (ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions | Smallpox |
| Respiratory | (Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax) | Anthrax (inhalational) Tularemia Plague (pneumonic) |
| Severe Illness or Death | CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock | N/A |

Appendix 2: Maryland Health and Medical Region Definitions

| Health and Medical Region | Counties Reporting to ESSENCE |
|---------------------------|---|
| Regions 1 & 2 | Allegany County Frederick County Garrett County Washington County |
| Region 3 | Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County |
| Region 4 | Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County |
| Region 5 | Calvert County Charles County Montgomery County Prince George's County St. Mary's County |

